

CBT Testing Sign Up

Name of District _____
Assessment Director _____
Phone # _____
Email Address _____

School	Grade	Subject	Student Count	Contact At School	Email Address For Contact	IT or Test Admins	# of Computer Labs in School used for Testing	# of Computers in a Lab

Please fax this form to (801) 538-7845, Attn: Sarah Moore or Erin Cotten by November 15, 2006.